## It is form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 10-14-07	Address:	517 Kendrick Flow, In
Case #: / <u>4/- 3</u> 733/		Flow En
County: Carroff.		46929
Type of Laboratory Scizure (check one)	Seizure Location (	theck all that apply)
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open a (check all that apply)  Lithium/Ammonia Reaction(s):  Red Phosphorous/Iodine Reaction(s):	ir, etc)	
Flammable Solvents: Coloman Seel & Water Reactive Metal (Lithium): Strepping Fanhydrous Ammonia: Meler (Stove)	gs from Ez Aut	Herce S
Hydrochloric Acid Gas Generator(s):	,	
Corrosive Acid:		·
Corrosive Base:		
Other (item and location):		
Child under age 18 discovered (check one)  Yes 2 (number present)  No  *If yes, fax report to Child Protective Services	Investigative Ephedrine Retail/Mer Other:	Pseudoephedrine Tracking Log chant Tip
This report is to be faxed to the following agen		
Fire Department: Flore	Fax;	
Health Department: Carrell County  Child Protection Service: NA	Fax:	•
For further information regarding this methamphe Investigating Officer: Loleman, 5.0, Phon	tamine laboratory, cor e <u>765</u> - 867-97	ntact_ 2.5.
** This form is to be faxed to the Fire Department, Health		

This form is to be included with the case file, and a copy seat to the Claudestine Laboratory Team Leader for retention.

listed within 24 hours of scene processing.